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06/10/2003 7590

John G. Posa Gifford, Krass, Groh, Sprinkle, Anderson & Citkowski, P.C. 280 N. Old Woodward Ave., Suite 400 Birmingham, MI 48009-5394



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Sheryl L. Hammer	(Depositor's name)
Shew Damma	(Signature)
0 9-9-03	(Date)

1	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	10/076,165	02/14/2002	Paul B. Hays	MAC-10102/29	8652

TITLE OF INVENTION: TEMPERATURE-COMPENSATED PIEZOELECTRIC FORCE MOTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$300	\$950	09/10/2003
EXAMI	NER	ART UNIT	CLASS-SUBCLASS		
DOUGHERTY,	THOMAS M	2834	310-346000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent from the names of up to 3 registered or agents OR, alternatively, (2) single firm (having as a member attorney or agent) and the name registered patent attorneys or agent is listed, no name will be printed.	patent attorneys the name of a ber a registered nes of up to 2 ents. If no name	rd,Krass,Groh, kle,Anderson tkowski, PC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Michigan Aerospace Corp.

Ann Arbor, Michigan

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):			
Alssue Fee	★ A check in the amount of the fee(s) is enclosed. □ Payment by credit card. Form PTO-2038 is attached.			
Nublication Fee				
Advance Order - # of Copies	The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1180 (enclose an extra copy of this form).			
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